



# Rhode Island Board of Nurse Registration and Nursing Education

Room 103, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-5700

Substitute forms are not acceptable.

## INTERSTATE VERIFICATION FORM - ORIGINAL STATE OF LICENSURE

I am applying for a license to practice as a nurse in the State of Rhode Island. The Rhode Island Board of Nurse Registration and Nursing Education requires that the following form be completed by the jurisdiction in which I obtained my original license. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Nurse Registration and Nursing Education at the above address.

Print/Type Full Name

Signature

Date

Previous Names Used

Social Security Number

Date of Birth

License Number

Date Issued

Daytime Phone Number

### THIS SECTION TO BE COMPLETED BY THE NURSING BOARD

Nursing Education Program Completed:		Location:		Graduation Date:	
Approved by State: <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Nursing Program <input type="checkbox"/> DIP <input type="checkbox"/> LPN <input type="checkbox"/> AD <input type="checkbox"/> BSN <input type="checkbox"/> Other _____			
Basis for Issuing License: <input type="checkbox"/> RN <input type="checkbox"/> LPN/VN		Licensed by Examination: <input type="checkbox"/> Yes <input type="checkbox"/> No		Exam Type:	
Series:	Date:	Results:		CGFNS: <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed		Original Date Issued:		Expiration Date:	

#### Questions:

- Has this nurse ever been investigated by your Board? ☐ Yes ☐ No
- Has this nurse incurred any disciplinary proceedings in your state, or is any action pending? ☐ Yes ☐ No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? ☐ Yes ☐ No
- Do you know of any information that may discredit this person? ☐ Yes ☐ No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

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### Certification:

Signature

Date

Type or Print Name

Title

Full Name of Licensing Board

Please Affix  
Board Seal Here

Please return directly to the Board at the above address. Thank you for your prompt cooperation.

Rhode Island Board of Nurse Registration and Nursing Education (END)